

Hope Health Centers

900 Heath Street
PO Box 12345
Seattle, WA 98104-2345

April 1, 2002

Health Care Authority
Community Health Services
PO Box 42721
Olympia, WA 98504-2721

Dear Bob & Connie:

We are applying for a Community Health Services grant for state fiscal year 2003. We are sending the Application, Parts 1, 2, and 3 via e-mail. Enclosed is our Agency Information and Signature Page, Sliding Fee Scale, Independent Auditors' Report, and updated copies of required institutional file material.

We are requesting the following grant funding:

Dental	548,050
Medical	334,650
Migrant	17,300
<hr/>	
Total	\$900,000

If you have any questions about this application, please call Wilma Writealot, Grants Coordinator, at (206) 000-9876.

Sincerely,

Mark Director
Executive Director

Enclosures:
Agency Information and Signature Page
Sliding Fee Scale
Independent Auditors' Report
Updated Institutional File Materials

Washington State Health Care Authority
Community Health Services

Part 1

Grant Application

Dental, Medical, & Migrant

For State Fiscal Year 2003 (July 1, 2002 through June 30, 2003)

Part 1

Agency Information and Signature Page
Agency Assurance Checklist
Grant Narrative

Instructions:

The first two sections of this form contain electronic form fields. Please enter the appropriate information in these fields, which are highlighted in gray. Please use the following keys to move through these sections: TAB, PAGE UP, PAGE DOWN, and the LEFT and RIGHT ARROWS. The third section of this form is not protected and may be edited as any MS-Word document.

Please begin by typing the name of your organization.

Agency Name: Hope Health Centers

Instructions for submitting your grant application.

1. Please refer to our Application Instructions booklet for a complete set of instructions.
2. Most of the grant application should be submitted in electronic format either via e-mail or on a standard 3.5 inch floppy diskette. Certain pages, and items must be submitted in paper copy, some with original signatures. If you are unable to submit an electronic grant, please contact us no later than March 15, 2002.
3. **Application deadline:** 4:00 PM, PST, April 5, 2002.
4. Submit the following items in electronic format:
 - Part 1
 - Part 2
 - Part 3
5. Submit the following items in paper copy with original signatures as appropriate:
 - Transmittal Letter (*original signature required*)
 - Agency Information and Signature Page (*original signatures required*)
 - Sliding Fee Schedule
 - Independent Auditors' Report (with Financial Statements and Letters to Management) (*due once every two years*)
 - Updated Institutional File materials (*see Part 3, Tab T.3*)
6. **Delivery Addresses:**
 - e-Mail Address: chs107@hca.wa.gov
 - US Postal Service Mailing Address:
Health Care Authority
Community Health Services
PO Box 42721
Olympia, Washington 98504-2721
 - Street Address for Private Delivery:
Health Care Authority
Community Health Services
676 Woodland Square Loop, SE
Lacey, WA 98503
7. Telephone numbers: Voice : (360) 923-2777 Fax: (360) 923-2605
8. Internet web address: www.wa.gov/hca/chs.

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Agency Information and Signature PageAgency Name: Hope Health Centers

Agency Information	Mailing Address:	<u>PO Box 12345</u>
		<u>Seattle, WA 98104-2345</u>
	Street Address:	<u>900 Heath Street</u>
		<u>Seattle, WA 98105-5678</u>
	Agency main phone:	<u>(206) 000-9876</u>
	Dental phone:	<u>(206) 000-9877</u>
	Fax:	<u>(206) 000-9875</u>
	Employer (IRS) Identification Number:	<u>91-00000000</u>

Chief Executive Officer (Agency Director)	Signature:	_____
	Name:	<u>Mark Director</u>
	Title:	<u>Executive Director</u>
	Phone:	<u>(206) 000-9876</u> Ext: 101 e-Mail: <u>mdirector@hhc.org</u>

Chief Financial Officer	Signature:	_____
	Name:	<u>Mary Dollars</u>
	Title:	<u>Director of Finance</u>
	Phone:	<u>(206) 000-9876</u> Ext: 102 e-Mail: <u>mdollars@hhc.org</u>

Board President	Signature:	_____
	Name:	<u>Gary Gavel</u>
	Phone:	<u>(206) 000-8765</u> Expiration Date: <u>04/30/02</u>

Authorized Signature For Contract	Signature:	_____
	Name:	<u>Mark Director</u>
	Title:	<u>Executive Director</u>
	Phone:	<u>(206) 000-9876</u> Ext: 103 e-Mail: <u>mdirector@hhc.org</u>

Authorized Backup/ Contact Person	Signature:	_____
	Name:	<u>Sharon Doublecheck</u>
	Title:	<u>Director of Development</u>
	Phone:	<u>(206) 000-9876</u> Ext: 104 e-Mail: <u>sdoublecheck@hhc.org</u>

Grant Writer	Name:	<u>Wilma Writealot</u>
	Title:	<u>Grants Coordinator</u>
	Phone:	<u>(206) 000-9876</u> Ext: 105 e-Mail: <u>wwritealot@hhc.org</u>

Certification: All answers and statements contained in Parts 1, 2, and 3 are true and complete to the best of my knowledge. I understand that the state may verify information, and that untruthful or misleading answers are cause for rejection of this application or removal from the list of eligible grantees.

Signature: _____	Date: _____
CEO or Board Chairperson	

Agency Assurance Checklist

Agency Name: Hope Health Centers

Instructions: Please use the space bar to mark all pertinent statements with an "X"

A. Administrative Services: (Required)

1. Agency Status:

- ☒ Agency is a private, nonprofit organization or a public organization under the jurisdiction of a city or county.
- ☒ Agency is in compliance with the Department of Health and Human Services Regulation under Title VI of the Civil Rights Act of 1964.
- ☒ Agency is in compliance with the Department of Health and Human Services Section 504 of the Rehabilitation Act of 1973.

2. Governing Board: (Required)

- ☒ The Board has the responsibility to establish general policies, determine the services to be provided, set the hours of operation, approve the annual budget, approve the selection of Chief Executive Officer/Administrator, evaluate the center activities, and assure that the center operation is in accordance with all applicable laws and regulations.
- ☒ The Board holds regularly scheduled meetings.
- ☒ At least 30 percent of the board membership are users of agency services and are representative of the population served.
- ☒ None of the board members is an employee of the grantee, or the spouse, child, parent, brother or sister by blood, marriage, or adoption of an employee of the grantee.

3. Management: (Required)

- ☒ Agency has an administrative structure appropriate for its size and structure.
- ☒ Agency has a single Chief Executive Officer/Administrator who will serve as primary point of contact between the Health Care Authority (HCA) and the contractor/grantee.
- ☒ Agency has developed and implemented accounting and internal control systems appropriate for its size and complexity.
- ☒ Agency has instituted financial planning represented by the development of annual budgets that reflect all the functions and resources to be used in carrying out reimbursable activities.
- ☒ Agency has billing and collection policies and procedures that make every reasonable effort to collect revenues from:
 - ☒ 1) Titles XVIII and XIX, and other public and private health insurance programs, undiscounted, and
 - ☒ 2) Patients for services in accordance with a schedule of fees and sliding discount schedule.
- ☒ Services are not denied because of inability to pay.
- ☒ Clients whose income is above 200% of the federal poverty level are charged full fee.
- ☒ Clients whose income is below 200% of the federal poverty level and who are on the sliding fee schedule have a signed and dated application on file at the clinic.
- ☒ Independent financial audits are conducted at least every 2 years and submitted, including any management letters, to Community Health Services (CHS).

4. Facilities: (Required)

- ☒ The clinic setting(s) ensure(s) respect for privacy and the dignity of individuals.
- ☒ The clinic's dental and medical records area is secure and lockable.

B. Clinical Service Priorities: (Required)

- ☒ Priority is given to low-income clients.
- ☒ Services are offered to any person without requiring legal residence and without discrimination as to race, religion, gender, national origin, maternity, marital status, age, or disabling condition.

C. Clinical Management and Supervision: (Required)

- ☒ The dental and/or medical care component of the program operates under the supervision of a licensed Dental and/or Medical professional. Responsibilities include the establishment of standing orders and general coordination of dental and/or medical providers.
- ☒ Appropriate primary health care services will be provided by a Physician, an Advanced Registered Nurse Practitioner, a Physician's Assistant, a Licensed Mid-Wife, a Dentist, or a Dental Hygienist who is licensed to practice in Washington State.
- ☒ Patient care policies, procedures, and standing orders are reviewed and updated regularly by the Medical/Dental Director.
- ☒ Agency has a well-organized, comprehensive quality improvement (QI) program that is accountable to the program's administration and the Board of Directors; the scope of services offered is broad enough to cover the full spectrum of health care provided through the program's delivery system. Included in the QI program are elements such as: improvement program and description, annual workplan, annual report, complaints and appeals, tracking, credentialing and re-credentialing.
- ☒ The QI program coordinates with other management activities throughout the organization to produce improvement in both health care and administrative services.
- ☒ Written policies are in place for provision of professional coverage at all times, provision of health care services to hospitalized patients, and terms of employment for health care workers.
- ☒ A dental/medical records system is in place that provides systematic organization of the records, facilitates record storage and retrieval, and assures the confidentiality of client records.

D. Agency/Clinic Accreditation: (Informational only)

Is the Agency/Clinic currently accredited?

☐ Yes ☒ No

If yes, what is the name of the accrediting body?

If no, do you plan to pursue accreditation?

☐ Yes ☒ No

Certification: I hereby certify that the preceding information is true.

Approved By: Mark Director
CEO or Board Chairperson

Date: 04/03/02

Agency Name: Hope Health Centers

Agency Name: Hope Health Centers

Grant Narrative

Briefly describe the agency, its activities, the populations it serves, and the need for CHS funding. This description must be presented in the format and with the headings as shown below. Enter specific information below each heading.

1. Program Description

a. Mission Statement:

To provide comprehensive health care to families and individuals who have difficulty accessing care, to respond with sensitivity to the needs of our culturally diverse communities and to advocate and work with others to improve the overall health status of the communities we serve.

b. When and Why Established:

Established in 1972, HHC was formed to respond to the primary health care needs of low-income, uninsured populations.

c. Service Area:

Our primary service area is Seattle and King County, Washington. Geographically this represents the area from the south King County line to the Snohomish County line, and east to west from Lake Washington to the Puget Sound.

d. Services Provided, General:

Dental services include a full range of preventive and restorative services including hygiene services and education, oral cancer screenings; periodontics, endodontics and limited removable prosthodontics, oral surgery and emergency care. We also operate specialized programs for people living with HIV/AIDS and for homeless veterans. HHC's dental clinics work to connect patients needing specialty care with other area dental providers willing to see patients who have limited ability to pay for their care.

Medical clinic services include, but are not limited to, diagnosis and treatment of acute illness, chronic disease management, preventive care and health education, obstetrics, limited emergency services, a WIC program, family planning, social work, mental health and chemical dependency counseling, support groups, acupuncture, services for victims of domestic violence and specialized programs for homeless and street involved youth and homeless families. Lab, x-ray and pharmacy services are also provided. HHC's medical clinics are able to connect patients to specialty and inpatient care through referral arrangements with several area hospitals.

Migrant Health services include all of the services identified above. These services are provided with a family health focus.

Our medical and dental clinics provide walk-in care, early morning, evening and/or weekend hours to make it easier for patients to access care. We also offer consultation services after hours. We provide services in the more than 30 different languages spoken by our patients using our bilingual staff (nearly 60%), staff interpreters and community interpretation services.

e. Services Provided Specific to Current CHS Dental Award:
(Existing contractors only)

Current funding enables our five dental clinics to continue providing comprehensive, high quality and culturally sensitive dental services to low-income individuals and families. Funds specific to our current contract is helping support more than 5,700 sliding fee dental users at our First Street, Second Street, Third Street, Fourth Street, and Eighth Street Clinics. Funding supports current dental salaries and a portion of the dental operating costs associated with sliding fee patients.

f. Services Provided Specific to Current CHS Medical Award:

(Existing contractors only)

Current funding from CHS enables our five medical clinics to continue providing comprehensive, technically excellent and culturally appropriate medical services. Funds are supporting over 5,000 sliding fee medical users at our Fifth Street, Sixth Street, Seventh Street, and Eighth Street Clinics. Funding supports current medical salaries and a portion of the medical operating costs associated with sliding fee patients.

g. Services Provided Specific to Current CHS Migrant Award:

(Existing contractors only)

Current migrant funding is helping cover the cost of providing health care support for over 140 migrant workers or their family members.

2. Need**a. Socioeconomic Data of Users vs. General Population:**

The poverty data below demonstrates that HHC patients are disproportionately low-income compared with the general King County population. (Source: HHC's unduplicated medical and dental patients by poverty level, CY 2000. King County percentage of poverty: U.S. Census data from the Seattle-King County Department of Public Health, February 2001.)

In the King County planning areas most closely tied to HHC's service area, 13% of all residents are without insurance coverage of any kind. Within HHC's medical program, 22% lack insurance. In King County, 32% of residents lack dental insurance, while among HHC's population, 46% of patients do not have coverage. (Source: Seattle-King County, January 2000, and HHC's unduplicated medical and dental patient payer source data for CY 2001.)

Income By Federal Income Guidelines	% CLIENTS	% GENERAL
More Than 200 Percent	10%	80%
100 - 199 Percent	18%	12%
Less Than 100 Percent	72%	8%
Unknown	0%	0%
TOTAL	100%	100%

b. Barriers to Health Care:

Major barriers to health care within our service area are low family incomes, lack of experience in accessing services and receiving preventive services, lack of familiarity with the concept of insurance, transportation, child care and access barriers due to language and culture. The complex and sometimes chaotic nature of the lives of our patients often makes scheduling appointments and keeping appointments a challenge. The diversity of our service area residents makes the reduction of linguistic and cultural barriers ongoing work for HHC, particularly as immigrant and refugee populations grow and change.

c. Special Populations:

HHC provides services to a number of special populations, including people living with HIV/AIDS, the homeless, mental health and chemical dependency service consumers and migrant workers and their families. In addition, more than 3 in 10 visits are provided to persons who speak a primary language other than English. During the past year, the need for Spanish and Somali interpreter services has increased most notably.

d. Need Specific to CHS Dental Funds:

(If applying for dental funds)

A significant share of the dental safety-net providers in King County focus on providing Medicaid reimbursable services for children. Over the years this has severely restricted the safety net services available for adult populations, particularly those without any insurance. HHC has maintained open access for patients of all ages at most of its dental sites, and continues to experience a high demand for adult sliding fee care. This care is often complex and costly to provide. Currently 68% of our patients are over age 19. We anticipate that the demand for adult sliding fee care at HHC sites will continue to grow as long as there continues to be shrinkage in the numbers of other clinics willing to care for this patient group. This already high demand will grow exponentially if adult dental Medicaid funding is drastically reduced during the current legislative session. State CHS funds are critically needed to support services for our large volume of adult sliding fee patients.

e. Need Specific to CHS Medical Funds:

(If applying for medical funds)

Despite the availability of capitated Medicaid programs, we continue to provide care to over 5,030 children and adults who have no insurance coverage. The need for CHS Medical funds at HHC is increasing as we have opened our new Eighth Street Clinic, located at 888 Eighth Street, and through that site are providing a new population of sliding fee patients with medical care. Our multi-lingual Patient Representatives work to educate patients who may be eligible for public insurance and to assist individuals and families in the enrollment process. Some patients, however, still choose not to enroll because they remain unsure about the importance of insurance or have other concerns. We work to address these issues and to provide ongoing education on the benefits of insurance coverage. CHS funds help to support the care of our sliding fee patients who have few places to turn for high quality, culturally appropriate care.

f. Need Specific to CHS Migrant Funds:

(If applying for migrant funds)

State CHS funding is needed to support medical and dental services for migrant workers and their families. Like our non-migrant medical and dental patients, migrant workers have difficulty accessing services because of limited resources, lack of experience in accessing services and cultural and linguistic barriers. Migrant workers also face additional challenges around continuity of health care and health coverage, and may experience elevated environmental health risks due to pesticide exposure and other living conditions. Sixty percent of our current migrant workers and their families are receiving care on a sliding fee basis. CHS funds are a key source of financial support for the medical and dental services provided to these children and adults.

3. Plan

a. Projected Use of New CHS Dental Award:

(If applying for dental funds)

State CHS funds are critically needed to help support the growing costs of services to adult sliding fee patients. These funds help make it possible for HHC to provide comprehensive, high quality and culturally appropriate sliding fee dental services to patients who otherwise often delay care until they experience an oral health emergency. On-site services will be provided at each of HHC's five dental clinics. CHS funds will be used to help support (salaries) of our dental providers along with other operating costs associated with dental service delivery for sliding fee patients.

b. Projected Use of New CHS Medical Award:

(If applying for medical funds)

State CHS funds are needed to help support the costs of medical services for low-income, uninsured children and adults at our five medical clinics who are on a sliding fee schedule. These comprehensive, high quality and culturally appropriate services will be provided on site and in a way that responds to the diversity and life experiences of our patients. Services will be provided through all five of HHC medical clinics. CHS funds will help support (salaries) of our medical providers along with operating expenses associated with the provision of medical services for sliding fee patients.

c. Projected Use of New CHS Migrant Award:

(If applying for migrant funds)

Next year's funding will enable our five dental clinics and five medical clinics to continue to provide migrant sliding fee patients with comprehensive, high quality and culturally sensitive dental services.

These on-site services will be provided in a way that responds to the diverse communities we serve. Funds requested in this application will pay for approximately 144 medical and dental visits.

Agency Name: Hope Health Centers

Washington State Health Care Authority
Community Health Services

Part 2

Grant Application

Dental, Medical, & Migrant

For State Fiscal Year 2003 (July 1, 2002 through June 30, 2003)

Part 2

User Data

Financial Data

Use Microsoft Excel 97 to complete this form.

(Do not use Microsoft Word)

Instructions:

This is an electronic form. Please enter the appropriate information in the fields highlighted in green. Please use the following keys to move through the form: TAB and the UP, Down, LEFT and RIGHT ARROWS.

Please begin by typing the name of your organization.

Agency Name:

Hope Health Centers

Use your mouse to click on the page tabs at the bottom of your screen to continue with the remaining pages.

The deadline for submitting applications is 4:00 PM, PST, April 5, 2002.

Please submit this Part 2 of the grant application along with Parts 1 and 3 as instructed on page 4 of the Application Instruction booklet.

Please refer to the Application Instruction booklet for additional details and instructions.

For assistance in completing these forms you may contact us as follows:

- Via e-mail: chs107@hca.wa.gov
- Via telephone: (360) 923-2777

You may find us on the web at www.wa.gov/hca/chs.

Actual User Data**Use Data from Calendar Year 2001**

Hope Health Centers	Unduplicated Dental Users	Unduplicated Medical Users	Unduplicated Migrant Users*
I. Age and Gender of Users			
Females			
A. 0 - 4:	298	1,188	3
B. 5 - 19:	1,788	3,206	12
C. 20 - 64:	4,389	8,913	120
D. 65 and over:	400	738	2
E. Subtotal:	6,875	14,045	137
Males			
A. 0 - 4:	283	1,110	3
B. 5 - 19:	1,614	2,533	6
C. 20 - 64:	3,447	4,445	96
D. 65 and over:	321	377	
E. Subtotal:	5,665	8,465	105
II. Total Female and Male Users	12,540	22,510	242
III. Assigned Source of Payment			
A. Medicare:	N/A	997	2
B. Medicaid:	5,344	6,539	45
C. Private Insurance and/or Other 3rd Party:	969	6,508	14
D. Basic Health: **	N/A	1,605	19
E. Full Fee (200% and above FIG with no Insurance):	475	1,831	18
F. Sliding Fee (Under 200% FIG with no Insurance):	5,752	5,030	144
G. Other:			
H. Total:	12,540	22,510	242
IV. Users Income by Federal Income Guidelines			
A. More Than 200 Percent:	671	2,946	17
B. From 100 – 199 Percent:	2,442	3,991	91
C. Less Than 100 Percent:	9,386	15,335	123
D. Unknown:	41	238	11
E. TOTAL:	12,540	22,510	242

Actual User Data is continued on the next page.

* Unduplicated Migrant users is a subset of Dental and Medical users.

** Previously called the Basic Health Plan (BHP)

Actual User Data (continued)**Use Data from Calendar Year 2001**

Hope Health Centers	Unduplicated Dental Users	Unduplicated Medical Users	Unduplicated Migrant Users*
V. Ethnicity			
A. Caucasian:	4,218	6,935	49
B. Black:	3,028	4,785	6
C. Native American Indian or Alaska Native:	235	298	
D. Hispanic:	1,738	3,859	141
E. Asian or Pacific Islander:	2,529	4,563	7
F. Other:	792	2,070	39
G. Total:	12,540	22,510	242
VI. Special Populations			
A. Homeless:	158	1,136	
B. HIV/Aids:	66	6	
C. Migrant/Seasonal Farmworkers:	27	242	242
D. Other Seasonal Workers:			
E. Mental Health Consumers:		1,151	
F. People with Developmental Disabilities:			
G. Other:			
H. Total	251	2,535	242

Actual User Utilization			
Use Data from Calendar Year 2001			
	Dental Encounters	Medical Encounters	Migrant Encounters
I. Number of Medical Service Encounters			
A. Primary Care Physician Encounters:		42,864	571
B. Other Physician Medical/Surgical Encounters:		6,029	100
C. Mid-Level Practitioner Encounters:		29,174	199
D. Total:		78,067	870
II. Number of Dental Service Encounters			
A. Dentists:	32,761		52
B. Dental Hygienist:	2,161		
C. Total:	34,922		52
III. Number of Dental Relative Value Units (RVUs)	Total Dental RVUs		Migrant Only RVUs
A. Diagnosis:	28,692		106
B. Prevention:	21,913		137
C. Restorative:	28,061		113
D. Endodontic:	4,597		11
E. Periodontic:	5,079		46
F. Removable Prosthetics:	6,024		
G. Oral Surgery:	7,997		54
H. Adjunctive:	4,914		13
I. Total:	107,276		479

* Unduplicated Migrant users is a subset of Dental and Medical users.

Actual Revenue/Collection Summary

Use Data from Your Agency's Most Recently Completed Fiscal Year.

Hope Health Centers	Column A	Column B
Category	Subcategory Total	Category Total
I. Federal Government		
A. 330 Public Health Services Act	1,500,000	
B. Homeless Funding		
C. Community Development Funding		
D. Other Federal	2,000	1,502,000
II. State Government		
A. HCA Community Health Services Funds	477,000	
B. Other State Funds	72,900	549,900
III. Local Government		
A. All Local Government Funds	3,944,000	3,944,000
IV. Other Payments		
A. Medicare	500,800	
B. Medicaid	6,379,600	
C. Private Insurance/Other 3rd Party	659,900	
D. Basic Health (BH)*	446,900	
E. Client Fees Paid	1,565,600	
F. Donations	826,600	
G. Other	1,857,100	12,236,500
V. Volunteer and In-Kind		
A. All Volunteer and In-Kind Funds	1,988,000	1,988,000
VI. Other Funds		
A. All Other Funds	430,000	430,000
VII. Total Actual Revenue/Collections	20,650,400	20,650,400

* Previously called the Basic Health Plan (BHP)

Projected Revenue/Collection Summary

**Enter Your Agency's Projected Funding (Revenue/Collection) for the Year
July 1, 2002 through June 30, 2003.**

Hope Health Centers		
	Column A	Column B
Category	Subcategory Total	Category Total
I. Federal Government		
A. 330 Public Health Services Act	1,807,000	
B. Homeless Funding		
C. Community Development Funding		
D. Other Federal		1,807,000
II. State Government		
A. HCA Community Health Services Funds	900,000	
B. Other State Funds	46,000	946,000
III. Local Government		
A. All Local Government Funds	4,020,000	4,020,000
IV. Other Payments		
A. Medicare	585,800	
B. Medicaid	7,906,500	
C. Private Insurance/Other 3rd Party	856,300	
D. Basic Health (BH)*	829,500	
E. Client Fees Paid	1,115,800	
F. Donations	50,000	
G. Other	554,100	11,898,000
V. Volunteer and In-Kind		
A. All Volunteer and In-Kind Funds	1,925,000	1,925,000
VI. Other Funds		
A. All Other Funds	65,000	65,000
VII. Total Projected Revenue/Collections	20,661,000	20,661,000

* Previously called the Basic Health Plan (BHP)

Actual Expenditure Summary

Use Data from Your Agency's Most Recently Completed Fiscal Year.

Hope Health Centers	Column A	Column B	Column C
Category	Total Agency Expenditures	Total Category	Total CHS Expenditures
I. Personnel			
A. Salaries	12,762,500	12,762,500	341,700
II. Contractual			
A. Professional Services	401,300		
B. Other	1,348,300	1,749,600	30,800
III. Equipment			
A. Purchases (\$1,000 & over)	212,400		
B. Other	187,800	400,200	
IV. Supplies			
A. Administrative	104,100		
B. Other	925,100	1,029,200	51,500
V. Facilities	920,400	920,400	14,600
VI. Administration			
A. Travel	41,100		
B. Marketing	51,900		
C. Audit	55,000		
D. Communication	275,000		
E. Other	954,700	1,377,700	28,400
VII. Other			
A. Transportation	19,700		
B. Translator Services	231,600		
C. Other	270,500	521,800	10,000
VIII. Volunteer and In-Kind	1,889,000	1,889,000	
IX. Total Actual Expenditures	20,650,400	20,650,400	477,000

Projected Expenditure Summary

**Enter Your Agency's Projected Expenditure Summary for the Year
July 1, 2002 through June 30, 2003.**

Hope Health Centers	Column A	Column B	Column C
Category	Total Agency Expenditures	Total Category	Total CHS Expenditures
I. Personnel			
A. Salaries	14,574,200	14,574,200	698,900
II. Contractual			
A. Professional Services	464,100		
B. Other	675,000	1,139,100	58,000
III. Equipment			
A. Purchases (\$1,000 & over)	150,000		
B. Other	61,900	211,900	
IV. Supplies			
A. Administrative	105,800		
B. Other	737,600	843,400	42,900
V. Facilities	771,600	771,600	39,300
VI. Administration			
A. Travel	41,600		
B. Marketing	36,600		
C. Audit	52,300		
D. Communication	328,700		
E. Other	310,900	770,100	39,200
VII. Other			
A. Transportation	19,900		
B. Translator Services	166,300		
C. Other	239,500	425,700	21,700
VIII. Volunteer and In-Kind	1,925,000	1,925,000	
IX. Total Projected Expenditures	20,661,000	20,661,000	900,000

Actual Revenue and Expenditure Reconciliation Summary

Hope Health Centers	
1. Actual Revenue for Period	20,650,400
(Total Actual Revenue/Collections from the bottom of page 4):	
2. Actual Expenditures for Period:	20,650,400
(Total Actual Expenditures from the bottom of page 6)	
3. Difference (line 1 minus line 2):	0
4. Percent Difference (line 3 divided by line 1):	0.00%
If line 4 varies by five percent (5.00%) or more, briefly answer either the following gain or loss question.	<p>Note: Limit your text to 255 characters (including spaces); this is the maximum text allowed per cell.</p>
If line 4 had a gain of five percent (5.00%) or more, briefly describe how this excess will be used:	
	<p>Note: If you desire to edit a previous entry, highlight the cell and press the F2 key.</p>
If line 4 had a loss of five percent (5.00%) or more, briefly describe how your organization plans to redress this deficit:	

Community Health Services Funds

Combined Budget Projection

Hope Health Centers	These totals must agree with Column C, Page 7
Dental Services	
I. Personnel	446,000
II. Contractual	18,800
III. Supplies	20,900
IV. Facilities	27,000
V. Administration	21,050
VI. Other	14,300
Total Dental Only:	548,050
Medical Services	
I. Personnel	239,700
II. Contractual	37,900
III. Supplies	20,800
IV. Facilities	11,600
V. Administration	17,950
VI. Other	6,700
Total Medical Only:	334,650
Migrant Services	
I. Personnel	13,200
II. Contractual	1,300
III. Supplies	1,200
IV. Facilities	700
V. Administration	200
VI. Other	700
Total Migrant Only:	17,300
Total Dental, Medical, And Migrant	900,000

Grant Application

Dental, Medical, & Migrant

For State Fiscal Year 2003 (July 1, 2002 through June 30, 2003)

Part 3 - Institutional File

Institutional File and Programmatic Assurance

Dental and Medical Professionals' Licensure

Agency Profile Forms

Use Microsoft Excel 97 to complete this form.

(Do not use Microsoft Word)

Instructions:

This electronic form contains selected data from your previous year's application.

Please edit, update, or enter current data in the fields highlighted in green.

Please use the following keys to move through the form:

TAB and the **UP**, **Down**, **LEFT** and **RIGHT ARROWS**.

Please include information current as of the date of preparation.

Please begin by typing the name of your organization.

Agency Name:

Use your mouse to click on the page tabs at the bottom of your screen to continue with the remaining pages.

The deadline for submitting applications is 4:00 PM, PST, April 5, 2002.

Please submit this Part 3 of the grant application along with Parts 1 and 2 as instructed on page 4 of the Application Instruction booklet.

Please refer to the Application Instruction booklet for additional details and instructions.

For assistance in completing these forms you may contact us as follows:

- Via e-mail: chs107@hca.wa.gov
- Via telephone: (360) 923-2777

You may find us on the web at www.wa.gov/hca/chs.

Index

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Hope Health Centers

Institutional File and Programmatic Assurance

Instructions:

For each item listed, enter the date of the latest revision in the "Latest Revision Date" column.

Compare this date with the date shown in the "Revision on File at CHS" column.

If your latest revision is newer than what we have on file, please send a copy with your application.

Required Components	Location of file		Latest Revision Date	Revision On File at CHS
	Contractor Site	CHS		
I. Agency Assurance Checklist		XX	4/02	4/01
II. Dental Professionals' Licensure		XX	4/02	4/01
III. Medical Professionals' Licensure		XX	4/02	4/01
IV. Health Services				
A. Patient confidentiality policy and/or procedures		XX	11/98	11/98
B. Patient grievance policy and/or procedures	XX		10/99	N/A
C. Quality Assurance (QA/CQI) plan	XX		2000	N/A
D. Malpractice coverage and contracts		XX	1/02	1/01
V. Management and Finance				
A. Organizational chart		XX	7/00	7/00
B. Personnel policies and procedures	XX		7/00	N/A
C. Data collection and information system(s)	XX		12/21/99	N/A
D. Accounting policies and/or procedures manual(s)	XX		12/21/99	N/A
E. Agreements with Titles 18 (Medicare) (or provider billing numbers)		XX	1/5/01	1/5/00
F. Agreements with Titles 19 (Medicaid) (or provider billing numbers)		XX	1/5/01	1/5/00
G. Agreements with Basic Health Plan(s)		XX	96/97	1/5/00
H. Agreements with Medicaid managed care plan(s)	XX		12/99	N/A
I. Billing and collection policies and/or procedures	XX		12/21/99	N/A
J. Independent Auditors' Report (once every two years)		XX	3/31/01	3/31/00
K. Sliding Fee Schedule		XX	4/02	4/01
VI. Governance				
A. Board by-laws		XX	10/00	10/00
B. Articles of Incorporation		XX	5/88	5/88
C. IRS proof of not-for-profit status		XX	2/74	7/72
VII. Agency Profile Forms				
A. Delivery site(s)		XX	4/02	4/01
B. Hours of operation		XX	4/02	4/01
C. After-hours coverage		XX	4/02	4/01
D. Staffing patterns		XX	4/02	4/01
E. Services		XX	4/02	4/01
F. Linkages		XX	4/02	4/01
G. Hospital arrangements		XX	4/02	4/01

Certification:

I have submitted all updates and revisions to documents in the Institutional File held in the Community Health Services (CHS) office, and I maintain up-to-date copies of the above listed documents accessible on-site which are available for HCA review.

Authorized By

Date

Hope Health Centers

Dental Professionals' Licensure

Instructions:

To enter the table, use the TAB key or the Mouse.

To move around the table, use the Arrow or Tab keys.

Professional Designation: enter DDS, DMD, or RDH.

	Name (Last, First Middle)	Professional Designation	FTE Value	License #	State of Licensure	Expiration Date
1.	Dentist, One	DDS	0.75	DE00000000	WA	8/27/02
2.	Dentist, Two	DDS	1.00	DE00000000	WA	12/18/02
3.	Dentist, Three	DDS	0.60	DE00000000	WA	8/31/02
4.	Hygienist, One	RDH	0.23	DH00000000	WA	8/19/02
5.	Dentist, Four	DDS	1.00	DE00000000	WA	7/24/02
6.	Dentist, Five	DDS	0.10	DE00000000	WA	6/30/02
7.	Dentist, Six	DDS	0.75	DE00000000	WA	7/25/02
8.	Dentist, Seven	DMD	1.00	DE00000000	WA	11/16/02
9.	Dentist, Eight	DDS	1.00	DE00000000	WA	8/6/02
10.	Dentist, Nine	DDS	1.00	DE00000000	WA	7/28/02
11.	Dentist, Ten	DDS	1.00	DE00000000	WA	3/7/02
12.	Dentist, Eleven	DDS	0.75	DE00000000	WA	7/17/02
13.	Dentist, Twelve	DDS	0.50	DE00000000	WA	3/5/03
14.	Dentist, Thirteen	DDS	1.00	DE00000000	WA	11/23/02
15.	Dentist, Fourteen	DMD	0.19	DE00000000	WA	9/2/02
16.	Dentist, Fifteen	DDS	1.00	DE00000000	WA	8/24/02
17.	Dentist, Sixteen	DDS	1.00	DE00000000	WA	12/2/02
18.	Dentist, Seventeen	DDS	0.60	DE00000000	WA	3/21/03
19.	Hygienist, Two	RDH	1.00	DH00000000	WA	4/30/02
20.						
21.						
22.						
23.						
24.						
25.						
26.						
27.						
28.						
29.						
30.						
31.						
32.						
33.						
34.						
35.						

Hope Health Centers

Medical Professionals' Licensure

Instructions:

To enter the table, use the TAB key or the Mouse.

To move around the table, use the Arrow or Tab keys.

Professional Designation: enter MD, DO, PA, ARNP, or CNM/LM

	Name (Last, First Middle)	Professional Designation	FTE Value	License #	State of Licensure	Expiration Date
1.	Physician, One	MD	0.60	MD00000000	WA	6/5/02
2.	Physician, Two	MD	0.71	MD00000000	WA	10/9/02
3.	Physician, Three	MD	0.60	MD00000000	WA	7/1/02
4.	Physician, Four	MD	1.00	MD00000000	WA	12/15/02
5.	Nurse Practitioner, One	ARNP	0.83	RN00000000	WA	7/25/02
6.	Licensed Midwife, One	LM	0.85	MW00000000	WA	3/1/03
7.	Nurse Practitioner, Two	ARNP	0.53	RN00000000	WA	8/10/02
8.	Physician, Five	MD	0.90	MD00000000	WA	9/25/02
9.	Physician Assistant, One	PA	1.00	PA00000000	WA	8/23/02
10.	Nurse Practitioner, Three	ARNP	0.55	RN00000000	WA	2/21/03
11.	Physician, Six	MD	0.70	MD00000000	WA	1/22/03
12.	Physician, Seven	MD	0.07	MD00000000	WA	11/1/02
13.	Physician, Eight	MD	0.85	MD00000000	WA	5/19/02
14.	Physician, Nine	MD	1.00	MD00000000	WA	1/26/03
15.	Physician Assistant, Two	PA	0.98	PA00000000	WA	2/26/03
16.	Nurse Practitioner, Four	ARNP	0.83	RN00000000	WA	8/1/02
17.	Nurse Practitioner, Five	ARNP	0.06	RN00000000	WA	12/10/02
18.	Nurse Practitioner, Six	ARNP	0.10	RN00000000	WA	6/10/02
19.	Physician Assistant, Three	PA	1.00	PA00000000	WA	8/23/02
20.	Physician, Ten	MD	0.60	MD00000000	WA	5/22/02
21.	Physician, Eleven	MD	0.57	MD00000000	WA	8/28/02
22.	Nurse Practitioner, Seven	ARNP	0.50	RN00000000	WA	12/25/02
23.	Physician, Twelve	MD	0.60	MD00000000	WA	1/15/03
24.	Nurse Practitioner, Eight	ARNP	0.75	AP00000000	WA	7/2/02
25.	Physician, Thirteen	MD	0.80	MD00000000	WA	1/24/03
26.	Nurse Practitioner, Nine	ARNP	0.84	AP00000000	WA	8/31/02
27.	Physician Assistant, Four	PA	0.56	PA00000000	WA	1/9/03
28.	Nurse Practitioner, Ten	ARNP	0.78	RN00000000	WA	10/1/02
29.	Licensed Midwife, Two	LM	0.80	MW00000000	WA	4/25/02
30.	Physician, Fourteen	MD	0.04	MD00000000	WA	9/15/03
31.	Physician, Fifteen	MD	0.50	MD00000000	WA	6/26/02
32.	Physician Assistant, Five	PA	1.00	PA00000000	WA	7/17/02
33.	Physician, Sixteen	MD	0.80	MD00000000	WA	12/19/02
34.	Physician Assistant, Six	PA	0.75	PA00000000	WA	1/13/03
35.	Physician, Seventeen	MD	1.00	MD00000000	WA	2/23/03

Hope Health Centers

Profile Form: Delivery Sites (Dental and Medical Clinics only)

Site Name - self explanatory

Street Address - self explanatory

City, State, Zip - self explanatory

Telephone numbers - enter the telephone numbers used by patients for requesting appointments

County - self explanatory

Type of Service - choose one of the following four types of services:

DENTAL or MEDICAL or DENTAL & MEDICAL or OTHER (if neither Dental or Medical)

Remarks - enter "MOBILE" if a mobile clinic, "SCHOOL" if located in a school, or other pertinent description

Clinic Manager - enter the name of the Clinic Manager

Clinic Mgr Phone - enter the Clinic Manager's telephone number

A	Site Name	Hope Health Centers First Street Clinic	County	King
	Street Address	111 First Street	Type of Service	Dental
	City, State Zip	Seattle, WA 98111	Remarks	
	Dental Phone	(206) 000-8111	Clinic Manager	Linda Manager
	Medical Phone		Clinic Mgr Phone	(206) 000-8191
B	Site Name	Hope Health Centers Second Street Clinic	County	King
	Street Address	222 Second Street	Type of Service	Dental
	City, State Zip	Seattle, WA 98112	Remarks	
	Dental Phone	(206) 000-8112	Clinic Manager	Linda Manager
	Medical Phone		Clinic Mgr Phone	(206) 000-8192
C	Site Name	Hope Health Centers Third Street Clinic	County	King
	Street Address	333 Third Street	Type of Service	Dental
	City, State Zip	Seattle, WA 98113	Remarks	
	Dental Phone	(206) 000-8113	Clinic Manager	Pam Manager
	Medical Phone		Clinic Mgr Phone	(206) 000-8193
D	Site Name	Hope Health Centers Fourth Street Clinic	County	King
	Street Address	444 Fourth Street	Type of Service	Dental
	City, State Zip	Seattle, WA 98114	Remarks	
	Dental Phone	(206) 000-8114	Clinic Manager	Linda Manager
	Medical Phone		Clinic Mgr Phone	(206) 000-8194 x101
E	Site Name	Hope Health Centers Fifth Street Clinic	County	King
	Street Address	555 Fifth Street	Type of Service	Medical
	City, State Zip	Seattle, WA 98115	Remarks	
	Dental Phone		Clinic Manager	Ima Manager
	Medical Phone	(206) 000-8115	Clinic Mgr Phone	(206) 000-8195
F	Site Name	Hope Health Centers Sixth Street Clinic	County	King
	Street Address	666 Sixth Street	Type of Service	Medical
	City, State Zip	Seattle, WA 98116	Remarks	
	Dental Phone		Clinic Manager	Dave Manager
	Medical Phone	(206) 000-8116	Clinic Mgr Phone	(206) 000-8196
G	Site Name	Hope Health Centers Seventh Street Clinic	County	King
	Street Address	777 Seventh Street	Type of Service	Medical
	City, State Zip	Seattle, WA 98117	Remarks	
	Dental Phone		Clinic Manager	Dave Manager
	Medical Phone	(206) 000-8117	Clinic Mgr Phone	(206) 000-8197

Hope Health Centers

Profile Form: Delivery Sites (Dental and Medical Clinics only)

H	Site Name	Hope Health Centers Eighth Street Clinic	County	King
	Street Address	888 Eighth Street	Type of Service	Dental & Medical
	City, State Zip	Seattle, WA 98118	Remarks	School
	Dental Phone	(206) 000-8128	Clinic Manager	Tiffany Manager
	Medical Phone	(206) 000-8118	Clinic Mgr Phone	(206) 000-8198 x 102
I	Site Name	Hope Health Centers Ninth Street Clinic	County	King
	Street Address	999 Ninth Street	Type of Service	Medical
	City, State Zip	Seattle, WA 98119	Remarks	
	Dental Phone		Clinic Manager	Ruth Manager
	Medical Phone	(206) 000-8119	Clinic Mgr Phone	(206) 000-8199
J	Site Name		County	
	Street Address		Type of Service	
	City, State Zip		Remarks	
	Dental Phone		Clinic Manager	
	Medical Phone		Clinic Mgr Phone	
K	Site Name		County	
	Street Address		Type of Service	
	City, State Zip		Remarks	
	Dental Phone		Clinic Manager	
	Medical Phone		Clinic Mgr Phone	
L	Site Name		County	
	Street Address		Type of Service	
	City, State Zip		Remarks	
	Dental Phone		Clinic Manager	
	Medical Phone		Clinic Mgr Phone	
M	Site Name		County	
	Street Address		Type of Service	
	City, State Zip		Remarks	
	Dental Phone		Clinic Manager	
	Medical Phone		Clinic Mgr Phone	
N	Site Name		County	
	Street Address		Type of Service	
	City, State Zip		Remarks	
	Dental Phone		Clinic Manager	
	Medical Phone		Clinic Mgr Phone	
O	Site Name		County	
	Street Address		Type of Service	
	City, State Zip		Remarks	
	Dental Phone		Clinic Manager	
	Medical Phone		Clinic Mgr Phone	
P	Site Name		County	
	Street Address		Type of Service	
	City, State Zip		Remarks	
	Dental Phone		Clinic Manager	
	Medical Phone		Clinic Mgr Phone	

Hope Health Centers

Profile Form: Hours of Operation

DAY	SITE					
	A	B	C	D	E	F
Monday	7:15 - 6:00	7:15 - 6:00	6:45 - 5:30	6:45 - 5:30	8:00 - 6:00	8:00 - 8:00
Tuesday	7:15 - 6:00	7:15 - 6:00	6:45 - 5:30	6:45 - 5:30	8:00 - 6:00	8:00 - 8:00
Wednesday	7:15 - 6:00	7:15 - 6:00	6:45 - 5:30	6:45 - 5:30	10:00 - 6:00	10:30 - 8:00
Thursday	7:15 - 6:00	7:15 - 6:00	6:45 - 5:30	6:45 - 5:30	8:00 - 7:30	8:00 - 8:00
Friday	7:15 - 6:00	7:15 - 6:00	6:45 - 5:30	6:45 - 5:30	8:00 - 5:00	8:00 - 5:00
Saturday					8:30 - 1:30	8:30 - 4:00
Sunday						

DAY	SITE					
	G	H	I	J	K	L
Monday	8:00 - 7:30	8:30 - 8:30	10:30 - 6:30			
Tuesday	8:00 - 5:30	8:30 - 5:30	10:30 - 6:30			
Wednesday	10:30 - 7:30	8:30 - 5:30	9:30 - 5:00			
Thursday	8:00 - 7:30	8:30 - 5:30	10:30 - 6:30			
Friday	8:00 - 5:00	8:30 - 5:30	8:30 - 5:00			
Saturday	8:00 - 1:30	10:00 - 2:00				
Sunday						

Hope Health Centers

Profile Form: After-Hours Coverage

Instructions:

Mark with an "X" as applicable.

After Hours Coverage Availability	SITES											
	A	B	C	D	E	F	G	H	I	J	K	L
Clinic staff												
Answering service routes calls to clinic staff								X				
Other (Describe below in Brief Comments)	X	X	X	X	X	X	X		X			
No arrangements (Describe below in Brief Comments)												

Brief Comments (indicate which site the comment refers to)

Sites A-G, and I: Calls are routed to Community Care Line where patients speak with a consulting nurse who then calls the doctor or dentist on-call if necessary.

Hope Health Centers

Profile Form: Staffing Patterns in FTEs

Instructions:

Enter the FTE value for each type of staff by site.

Note: the table will round to 2 decimal places. For example, if you enter 1.155, the table will display 1.16

TYPE OF STAFF	SITES											
	A	B	C	D	E	F	G	H	I	J	K	L
Primary MD, DO					1.81	3.21	3.35	34.50	1.00			
ARNP, PA					2.88	2.71	2.25	3.53	1.00			
CNM/LM						0.80		0.85				
RN					4.04	7.92	5.86	3.51	2.00			
LPN/LVN												
Medical Assistants					4.39	7.28	5.81	5.35	2.00			
Aides												
Pharmacists								1.00				
Lab. Technicians							1.25	1.24				
Radiation Technicians							1.00					
Dentists	2.00	2.50	3.10	3.00				1.60				
Hygienists	0.25	0.25	0.25	0.48								
Dental Assistants	4.00	4.00	4.00	7.00				3.00				
Administration	3.50	3.25	4.12	5.50	6.40	13.45	9.50	19.05	3.00			
Other	1.00			0.75	2.78	5.80	0.80	4.21				

Hope Health Centers

Profile Form: Services

For each delivery site, and for each type of service shown, enter one of the following codes:

X - Direct Service, On-site

O - Direct Service, Off-site

RX - Referral, On-site

RF - Formal Referral

RI - Informal Referral

NA - Not Available

Please note: These codes are listed in order of precedence.

You need enter only one code, even though more than one code may apply. When more than one code does apply, enter the one that comes first on this list.

	SITES											
Primary Health Care Services	A	B	C	D	E	F	G	H	I	J	K	L
Periodic Screening of Children & Adults*	RF	RF	RF	RF	X	X	X	X	X			
Well Child Care*	RF	RF	RF	RF	X	X	X	X	X			
Family Planning*	RF	RF	RF	RF	X	X	X	X	X			
Prenatal/Postpartum Care*	RF	RF	RF	RF	X	X	X	X	X			
Normal OB Deliveries	RF	RF	RF	RF	O	O	O	O	O			
High-Risk OB Deliveries	RF	RF	RF	RF	RF	RF	O	O	O			
Nutrition Assessment & Education*	RF	RF	RF	RF	X	X	X	X	X			
Preventive Dental Care*	X	X	X	X	RF	RF	RF	X	RF			
Acute/Episodic Medical Care*	RF	RF	RF	RF	X	X	X	X	X			
Management of Chronic Medical Problems	RF	RF	RF	RF	X	X	X	X	X			
Emergency/After-Hours Medical Services	RF	RF	RF	RF	RF	RF	RF	RF	RF			
Support Services												
Basic Diagnostic Lab*	RF	RF	RF	RF	X	X	X	X	X			
Diagnostic X-ray	X	X	X	X	RF	RF	X	RF	RF			
Pharmacy	RI	RI	RI	RI	RF	RX	X	X	RI			
Medical Specialty Consultation	RF	RF	RF	RF	RF	RF	RF	RF	RF			
Transportation	RI	RI	RI	RI	RI	RI	RI	RI	RI			
Supplemental Health Services												
Emergency Dental Service**	X	X	X	X	RF	RF	RF	X	RF			
Diagnostic & Restorative Dental**	X	X	X	X	RF	RF	RF	X	RF			
Social Services (State and/or Local)	RI	RI	RI	RI	RI	RI	RI	RI	RI			
Mental Health Services	RI	RI	RI	RI	RX	RX	RX	X	RF			
Outreach	X	X	X	X	X	X	X	X	X			
Language Translation	X	X	X	X	X	X	X	X	X			
Health Education	X	X	X	X	X	X	X	X	X			
Home Health Services	RF	RF	RF	RF	RF	RF	RF	RF	RF			
Nursing Home/Extended Care Services	RF	RF	RF	RF	RF	RF	RF	RF	RF			
Rehabilitation Services	RF	RF	RF	RF	RF	RF	RF	RF	RF			

* Required services for medical grant applications

**Required for dental grant applications

Hope Health Centers

Profile Form: Linkages

The following agencies and organizations may or may not provide social/health services in your area. If they do provide a service, please indicate the kind of relationship you have with them for providing those services to your patients. If some of the services are provided "in-house," please indicate.

For each delivery site, and for each type of linkage shown, enter one of the following codes:

X - Direct Service, On-site
 O - Direct Service, Off-site
 RX - Referral, On-site
 RF - Formal Referral
 RI - Informal Referral
 NA - Not Available

Please note: These codes are listed in order of precedence.
 You need enter only one code, even though more than one code may apply. When more than one code does apply, enter the one that comes first on this list.

Linkage Programs/Services	SITES											
	A	B	C	D	E	F	G	H	I	J	K	L
Family Planning Clinics	RF	RF	RF	RF	X	X	X	X	X			
WIC	RI	RI	RI	RI	RX	RX	RI	RI	RI			
EPSDT	RF	RF	RF	RF	X	X	X	X	X			
State and Local Health Jurisdictions	RI	RI	RI	RI	RI	RI	RI	RI	RI			
Children with Special Health Care Needs	RI	RI	RI	RI	RF	RF	RF	RF	RF			
STD Clinics	RF	RF	RF	RF	X	X	X	X	X			
Senior Chore Services	RI	RI	RI	RI	RI	RI	RI	RI	RI			
Meals on Wheels	RI	RI	RI	RI	RI	RI	RI	RI	RI			
Area Agency on Aging	RI	RI	RI	RI	RI	RI	RI	RI	RI			
Migrant Education Programs	RI	RI	RI	RI	RI	RI	RI	RI	RI			
Vision Services	RI	RI	RI	RI	RI	RI	RI	RI	RI			
Therapeutic Radiological Services	RI	RI	RI	RI	RI	RI	RI	RI	RI			
Ambulatory Surgical Services	RI	RI	RI	RI	RF	RF	RF	RF	RF			
Environmental Health Services	RI	RI	RI	RI	RI	RI	RI	RI	RI			
Local Schools	RI	RI	RI	RI	RI	RI	RI	RI	RI			
Food Stamps	RI	RI	RI	RI	RI	RI	RI	RI	RI			
Healthy Mothers/Healthy Babies Coalition	RI	RI	RI	RI	RI	RI	RI	RI	RI			
Other Services/Linkages												
Community Mental Health	RI	RI	RI	RI	RF	RF	RF	RF	RF			
Certified Home Health Agency	RI	RI	RI	RI	RF	RF	RF	RF	RF			
Nursing Home	RI	RI	RI	RI	RF	RF	RF	RF	RF			
Hearing Services	RI	RI	RI	RI	RI	RI	RI	RI	RI			
Senior Services	RI	RI	RI	RI	RI	RI	RI	RI	RI			
Developmental Disabilities	RI	RI	RI	RI	RF	RF	RF	RF	RF			
Alcoholism Information & Referral	RF	RF	RF	RF	X	X	X	X	X			
Child Protective Services	RI	RI	RI	RI	RF	RF	RF	RF	RF			
Food Banks	RI	RI	RI	RI	RI	RI	RI	RI	RI			
Social Services Clearinghouse(s)	RI	RI	RI	RI	RI	RI	RI	RI	RI			

Hope Health Centers

Profile Form: Hospital Arrangements

Instructions:

Enter the hospital arrangement made for each delivery site. Indicate whether or not the arrangement includes Admitting Privileges and/or Attending Responsibility by typing an "X" in either the "Yes" or the "No" columns.

SITE	Hospital	Admitting Privileges		Attending Responsibility	
		Yes	No	Yes	No
	Street Address				
	City, State Zip				
A.	City Center Hospital				
	123 E. Main Street		X		X
	Seattle, WA 98101				
B.	East Side Medical Center				
	6543 E. Washington Blvd.	X		X	
	Seattle, WA 98110				
C.	West Memorial Hospital				
	87654 N. First Avenue	X		X	
	Seattle, WA 98191				
D.	City Center Hospital				
	123 E. Main Street		X		X
	Seattle, WA 98101				
E.	East Side Medical Center				
	6543 E. Washington Blvd.	X		X	
	Seattle, WA 98110				
F.	West Memorial Hospital				
	87654 N. First Avenue	X		X	
	Seattle, WA 98191				
G.	City Center Hospital				
	123 E. Main Street		X		X
	Seattle, WA 98101				
H.	East Side Medical Center				
	6543 E. Washington Blvd.	X		X	
	Seattle, WA 98110				
I.	West Memorial Hospital				
	87654 N. First Avenue	X		X	
	Seattle, WA 98191				
J.					
K.					
L.					